

DOCUMENTATION OF SERVICES & MONTHLY SUMMARY : INSTRUCTIONS FOR COMPLETION

INDIVIDUAL REHABILITATION SUPPORTS (RS/I)

Name/Identifier: Print the individual's name or identify the individual by Social Security number, Medicaid number or other method used by provider.

Trainer (LST/RSS/LSC): Print the provider of service name and initials.

Goal Category: This refers to the nine goal areas on the Treatment Plan. The goal identified from the individual's Treatment Plan should be documented here. If there is more than one goal identified on the Treatment Plan, an additional documentation of services page should be completed. Simply fill in the page numbers at the bottom of the page accordingly.

Objective: This refers to the objectives written on the individual's Treatment Plan in relation to the identified Goal Areas. The objective related to the Goal Area should be rewritten verbatim in this section. If there is more than one objective, then the objectives should be numbered (1,2,3) so they can be referred to later in the documentation. An additional page is not required. The last page of the IRAS Documentation of Services, Monthly Summary, will be used to summarize all goals and objectives.

Date of Implementation: This is the Services Begin Date identified on the Individual's Treatment Plan. This date may remain the same for several months until the objective is met or the Lead Clinical Staff (LCS) completes an addendum to the Treatment Plan.

Key: This section identifies the basic symbols to be used in the documentation table below. Whenever the need arises, additional information or symbols can be added after discussion with the LCS. An explanation of the addition should be documented in this section.

Location: Indicate where the training took place.

“H” Home – Training took place in the home

“C” Community – Training took place in the community. (Indicate where in the community, ex. Library, Drop-In Center, grocery store, etc.)

Progress: Evaluation of progress toward objective(s)

“+” Progress/Skills were retained.

“-“ Regression occurred after a skill had been previously achieved.

“E” Exceptions, individual did not receive service; explanation will be given at bottom of page.

Documentation Table:

Month: Print month of service

Day/Date: Fill in the calendar dates. Ex. M/1st, T/2nd, W/3rd

Location: Use the Key above the Table to indicate “H” or “C”. If “C”, print where the training took place.

Time: Indicate the actual time at the beginning of Training and the end of Training. Ex. 11:00 am – 12:00 pm.

Progress: use the objectives information and Key above the table to indicate progress toward objectives. Indicate the objective number(s) that training focused on and the progress. Ex. Objective #2 and progress was made, should be written: #2+.

Initials: Provider of the service for that session should sign his/her initials.

Exceptions “E” to Performance: The dates that have been identified in the table with an “E”, should be explained here, ex. Illness, hospitalization the individual was not at home upon arrival of trainer, etc. Also identify attempts to reschedule training. Any circumstances related to the individual's participation or performance should be documented here.

Signatures: The trainer should sign the documentation sheet at the end of the month and submit it to Lead Clinical Staff for review.

Units: Complete the number of units for each week and add total for the month at the bottom of the table.

Name/Identifier: Print the identical Name/Identifier that was used on the first page.

Month/Year: Print accordingly

Summary: The LCS should meet with the trainer after reviewing the Documentation of Services sheets for each goal. The trainer and LCS should staff the individual's case. After staffing the case, the LCS should assist the trainer in writing the summary in measurable terms and addressing each goal and objective specifically.

Signatures: The trainer and the Lead Clinical Staff should sign at the bottom of the page and the date should reflect the date the summary note is reviewed.